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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A SHORT LESSON IN CONSERVATIVE SURGERY—NOTES OF A SEVERE CASE OF LACERATIONS, FRACTURES AND CONTUSIONS.

BY CHARLES C. CRANMER, M. D.,
Of Saratoga, New York.

I was called this day, July 24th, 1875, to a boy, aged ten years, James King by name, who had met with an accident on the R. & S. R. R. during play. Upon my arrival I found deep and extensive lacerations of the posterior part of the left leg, extending from two inches above the knee to the tendo-achillis, exposing to view the contents of the popliteal space, and the inner and outer tendons of the biceps muscle, which were terribly torn, and actually hung in shreds, so to speak. The gastrocnemius and soleus muscles were also cut and jagged in a fearful manner, the major portion of each muscle being literally torn away, the whole being covered with sand and dirt. I hastily came to the conclusion that the lad must certainly lose his leg above the knee-joint. Upon further examination, I found the boy had sustained a fracture of the ulna and radius about the middle third of the arm, and also a fracture of the olecranon process. The biceps muscle of the arm was also fearfully contused, and the little fellow had also a slight scalp wound, and an incised wound over the left eye. Altogether, he presented a deplorable appearance. The accident occurred during the time several boys and girls were playing upon some trucks containing sand, and by some means unexplained the trucks were set in motion, the boy falling off, and the wheels of one or more trucks passing over his leg and arm: that is the history of the occurrence so far as I was able to obtain it. The hemorrhage was, at the scene of the accident, very profuse from the superficial arteries and veins, but the man who picked the child up had the presence of mind to tie his pocket handkerchief tightly around the upper part of the thigh, and left it there until my arrival. After carefully cleansing and examining the leg a second time, I thought it just possible nature might, with assistance, effect a cure; therefore I brought the torn edges together with silk sutures, in the best manner attainable, and after putting in very many stitches I placed a long roller lightly around the leg, and a field tourniquet over the femoral artery, to prevent any secondary hemorrhage I feared might take place. After that I directed my attention to his arm. The whole of the muscles around the seat of fracture were terribly contused, and exactly over the seat of fracture a small hole, about the size of a pea, penetrated to the broken bones. These two bones I soon brought in juxtaposition, but the fractured olecranon gave me great anxiety.

I had never treated a similar case, yet a moment's thought called to my mind what the course of treatment should be, and I adopted it, bringing the upper fragment of the broken bone down to the lower one, and retaining it in position with the usual figure-of-eight bandage, with a long splint extending from the axilla to the fingers, and another on the back of

the elbow-joint. I must confess it did not look very well, or very neat, yet it answered the purpose remarkably well. My anxiety abated somewhat after I saw the poor little fellow felt more comfortable when the splints had been adjusted; and, although at the time I should have been glad of some professional assistance, I utilized those around me until no further assistance was necessary. I enjoined perfect rest and quiet for my little patient, and left him in charge of an admirable sister and well-intentioned but nervous mother.

The following morning I visited my patient, and found he had passed a restless night, the upper arm being very much swollen and ecchymosed. Ordered flaxseed-meal poultices to be kept constantly applied, as well as the splints would allow it to be done. The leg had not caused much pain, and carbolized water dressing was ordered to be continued. The most simple treatment was adopted during the whole course of the case; few-drop doses of tinct. hyoscyam. kept the boy quiet, and the solution of the citrate of magnesia kept his bowels gently moved. I found it necessary to give him a few grains of quinia, and allowed him a very nourishing, non-stimulating diet.

On the 10th of August I removed the splints from his arm, that is, eighteen days after the accident, and found it caused him intense pain to move his arm in any direction. I therefore determined to readjust the splints and allow them to remain on another week. My patient continued to progress, and on the morning of the 21st of August I again took the splints from his arm, and found that he could, with assistance, flex the arm pretty well. This motion I ordered his parents to keep up several times during the day, which they did, greatly to the boy's advantage. The leg, I am grieved to say, is much contracted, and although he is able to stand with assistance, yet he can only touch the ground with the ball of the great toe.

He now walks without any cane or assistance, and can bring the heel of his foot within one-fourth of an inch, or less, of the ground, and only favors it a little, he says. I am yet in hopes that in a short time he may have a perfectly straight and useful leg. I am pleased to say his arm is just as useful to him as ever it was, although considerable thickening still remains over the seat of fracture; yet I am vain enough to look upon my patient as a fair example of conservative surgery.

ON ALCOHOL.

BY A. N. CARRIGAN, M. D.,
Of Washington, Ark.

Is alcohol always a stimulant, or in certain conditions is it a stimulant at all?

At this time, when the medical profession is beset by a class of moralists who teach that the use of alcohol is the greatest curse that has befallen the human race, and that it could be stamped out of existence as easily as small-pox, were it not for the medical profession, it becomes us to look at it carefully, and see if it is an important factor in the treatment of diseased action, and if not, let us discard it.

Since bleeding is an untenable theory, at what are we to strike to subdue inflammation? Doubtless at the circulation of the blood. Beale's theory being increased action, what stimulates the heart to this increased action? It must be the blood. Then it must be the factor disease, getting into the blood, that stimulates the heart to this increased action, by its influence on the vital properties of that life fluid upon which all our healthy being depends.

Carpenter says there are only two constituents of the blood that in themselves possess vitality, viz.: fibrin and the corpuscles. He says in the same section, that the corpuscles, both red and colorless, are living cells, and their separate history forms an important part in the general life of the blood.

Beale says everything which contributes to nutrition is lifeless. Living matter never feeds upon living matter. The pabulum of the tissues of man result from the death of living matter.

Although the blood is not a living fluid, it contains masses of living matter, colorless corpuscles and minute particles of bioplasm in great numbers. Neither blood, nor lymph, nor chyle, nor cod-liver oil, nor alcohol, nor any other nutritive substance, can be correctly spoken of as life-giving. Nor do certain conditions call forth vital energy, or act as vital stimuli, or increase vital power, which already exists. Heat, various external conditions and irritants, act simply by diminishing, to some extent, the restrictions under which life is ordinarily carried on, and thus pabulum is permitted to come more quickly into contact with matter which already lives.

It will be seen that Beale's theory of the life of the blood is different from Carpenter's, and if

true, settles the question as to the action of alcohol upon the blood and living tissue. He says modern research has demonstrated the character of the cells that form or make the bioplasm and that their condition in health is different from what it is in disease. In inflammatory conditions those cells grow much quicker, their walls are much thinner, and they are multiplied more rapidly, as in pus cells, cancer cells, etc. How are we to arrest this excess of bioplasm, or change the walls of these life cells as they exist in most inflammatory conditions? Beale says, alcohol enters the circulation as alcohol, and that it is not nourishment, and, where this excess of bioplasm does not exist in the blood, that it does not act as a stimulant.

A case in point: Mrs. S. E. B., aged twenty-five. Anæmia from opium poisoning. Condition thus when treatment was begun: skin cool and clammy, pulse 140, very restless, sighing respiration, complained of great heat, only semi-conscious.

Treatment.—Two tablespoonfuls of strong brandy, in two spoonfuls of sweet milk, every fifteen or twenty minutes, for two hours. Resting better, pulse 130; continued the same treatment, at longer intervals, for the next twenty-four hours. Skin nearly natural, resting well, pulse 120. Patient got well. How did the brandy act in this case? Certainly not as a stimulus, for the pulse went down twenty beats in the twenty-four hours, and consciousness was perfectly restored. Certainly not as a sedative, for it produced nothing like stupor.

How does alcohol arrest, modify, or subdue inflammatory action? It did it in the case of my patient, for no one gave her anything but myself, during the twenty four hours, and I gave nothing but the brandy and sweet milk. Beale says:—

"That alcohol will produce delirium in health, and remove or prevent it in certain exhausted states of the system, are facts that, in the imperfect state of our knowledge, we cannot explain; its effects on the nerve centres and nerves, and especially the nerve centres that control vascular phenomena. What we desire to effect in the treatment of internal inflammations and the feverish state is to check the undue growth of bioplasm, which is proceeding in the blood in certain parts of the body, and in the inflamed organs and tissues. This bioplasm can only be reached through the blood, and it can be shown that the remedies which have been proved by experience to be of value in the treatment of such cases possess the property of checking the redundant growth of bioplasma, and can be taken up by the blood and distributed through the body without losing their properties.

"In external inflammations, such as pneumonia, pericarditis, etc., it is altogether probable that the alcohol taken up by the blood really acts upon the morbid bioplasm growing and multiplying so very rapidly just outside the capillary vessels, and checks the process. How does it act on morbid and not on healthy structure? The healthy cells, being surrounded by a thick covering, are not affected by it, while morbid cells are growing so fast that time is not allowed for the production of a hard external envelope, and are fully exposed to the free action of soluble matters which transude from the blood. Remedies which act favorably do not increase vitality, but diminish the rate at which vital changes take place, by causing the particles of bioplasm, which were living too fast, to live more slowly, and by causing the death of the same."

I will now give a case showing the stimulating effects of alcohol.

Squire T., a farmer, had a great many trees blown down in his field by a storm, in May, 1873. Being a very powerful man, he went to work with a will to get the trees off his crop; got overheated, and was taken with congestion of the bowels. Condition thus when first seen, at 8 o'clock: great pain in the bowels, skin cool, pulse 50, expression sunken. Gave a full dose of morphia, and mustard to the bowels. 10 o'clock, pulse up to 55; medicine made pain bearable, but not easy. Gave 20 grains chloral. At 2 o'clock was seen by Dr. D. P. Greenwood; pulse 60 and feeble; stupid; says he is not easy. Gave calomel, rhubarb, and Dover's powders, through the evening and first part of the night, in the usual doses, three or four hours apart, and quinine; this the latter part of the night, in large doses, Dr. Greenwood spending the night with him. Next morning his bowels had acted well; was quininized; pulse 65 and weak; still some pain in the bowels. Continued the quinine; at 12 o'clock no change. Ordered brandy to be taken freely through the evening. At 6 o'clock his pulse was 72, full and round. Patient perfectly easy.

Now, in this case there was no improvement

in the force or volume of the pulse until the brandy was taken. We, therefore, conclude that alcohol does not do harm in fevers and acute inflammations, and that it does not produce intoxication in exhaustive diseases. We feel that alcohol is a great evil, but, like many other things that we have, not entirely an evil. It is, like opium, both a blessing and a curse. And if the moralists and temperance lecturers knew as much about its uses as they do about its abuses, they would deal less in wide-mouth declamation about a class who hold their commission under no less divine authority than does the minister who proclaims the oracles of truth from the sacred desk.

THE CIRCULATION OF THE NERVOUS FLUID.

BY JOSEPH E. HARVEY, M. D.,
Of Topeka, Kansas.

"The nervous fluid is similar to, though not identical with, the electric" (Dalton). It is not more different from the electro-magnetic fluid than the blood is different from water. Both these are changed from their inorganic state by the process of organization or vitalization. They are both intimately united with other matter, and that union or combination makes all the difference between the nervous fluid and the electric, as it also makes all the difference there is between blood and water. They are both organized fluids, and must, of necessity, be different from the inorganic fluid which is the basis of each. The nervous system has been compared to the telegraphic system; the analogy, in many respects, is complete; the nerve tubes are the conductors, and the gray vesicles are both operators, batteries and magnets. The motor and sensory nerves are united at their peripheral extremities with each other, frequently a flexiform arrangement, resembling the capillary system between arteries and veins. "On following up the efferent nerves, they are seen, after having divided, at last to break up into real networks. Those in new-born infants present, at certain points, very large bodies, from which nerve fibres spread into interlacements, so that a certain resemblance is thereby produced to capillaries."

To what extent such arrangements prevail in the body generally has not yet been determined, for these facts are almost entirely new, and have only recently attracted attention. The number of nerve membranes will probably be augmented. In order, however, to avoid misunderstanding, I must at once add, that these flexiform expansions are by no means simple, but that the large nodules I have mentioned have the appearance of ganglions, so that we have here, in some sort, new nervous centres presenting themselves, and "offering the possibility of a reinforcement of an obstruction to the original impulse" (Virchow). I hold that the fluid which flows along the motor nerve is the organized electric, and that which returns through the sensory nerves is the organized magnetic fluid; that these two fluids are interconvertible, and that the changes produced in them maintain the nervous circulation.

"So much concerning the general forms which are, as far as known at present, assumed by the flexiform terminations of nerves." (Virchow, "Cellular Pathology.") It is most probable that the terminations of all motor nerves are continuous with the sensory nerves, and that their union takes place in those little nodules mentioned by Virchow, and that the purpose of these nodules, or kind of secondary nerve centres, as Virchow calls them, is to perform the function of completing the change from the electric fluid of the motor nerves to the magnetic fluid of the sensory nerves, and that the circulation is really that of a closed electric circuit.

Although it is not necessary that there should be in all cases a complete junction between the terminations of the motor and those of the sensory nerves, because the electrical current of the motor nerves might be conducted or diffused from it in the tissues at its termination, and (as many facts seem to prove magnetism to be only electricity in an expanded condition) attracted by the termination of the sensory nerve, and returned by it, bearing impressions to the same cell from which it started (the gray cells are mostly bipolar). The fact which has been demonstrated by the experiment of Bell, by the irritation of anterior and posterior roots of spinal nerves, shows that in motor nerves the fluid always flows from the nerve centre, and in the sensory nerves it always flows toward it; and since the nerves communicate at both ends, it must needs only be a continuous circulation. That the fluid which is conveyed by the motor nerves is the organized electric fluid is proved by this familiar experiment: a nervous discharge causes muscles to contract; an electric

discharge causes them to contract, either when it is sent along the motor nerve, or when it is discharged directly upon the muscle. Therefore a command, with the force to execute it, is sent out from the vesicle along the motor nerve; the impulse is delivered at the proper point; but the current does not altogether stop; it goes on to the nodules mentioned by Virchow, which unite the sensory and motor extremities; and if by this time it is not changed into the magnetic fluid, the change is completed in the nodule, or "secondary centre."

The same action goes on in a more sublime manner in the brain. These operators (the vesicles) there have special departments, some being exclusively occupied with the great conductor of light, others with the conductor of sound, etc. One association of operators acts in concert and perfect harmony, like a legislative body.

EXTRACTS FROM "DEUTSCHES ARCHIV FUR KLINISCHE MEDICIN."

BY GEO. HALSTED BOYLAND, M. D., M. A., ETC.,

Of Baltimore, Md.

Jaborandi.

In discussing herba jaborandi, Dr. Stump writes:—The well-defined working that jaborandi, according to some observers, especially Cory, exerts upon the frequency of respiration, I have been unable to attest. This observer experimented upon himself, and noted from quarter hour to quarter hour his temperature, also frequency of pulse and respiration, remarking hereby a slow and slight increase of the latter. Whoever has already tried to determine on himself the frequency of respiration knows how difficult it is, and how easily a slight increase or diminution can be brought about ad libitum. During my fifty-three experiments, in which the frequency of respiration was accurately fixed, it was increased twenty-nine times, diminished twenty-two times, and once remained as it was. The increase carried the frequency of respiration up to sixteen in the minute, the diminution brought it down to twelve; the average increase was from one to two respirations. A patient suffering from general hydrops, in consequence of chronic peri- and myocarditis, others from œdema, were greatly relieved after four doses of an infusion of jaborandi, 5 : 100, to which two and a half drachms of simple syrup may be added. Beyond œdema and exudation, jaborandi, like all diaphoretics, is to be recommended in rheumatic troubles, both acute and chronic, as well as articular. It merits the first place as an antidote in atropia poisoning. Latterly Czernicki employs it in parotitis. A contraindication for the exhibition of jaborandi is an absolute weak action of the heart, which, in consequence of the increased force demanded, might be paralyzed. Undoubtedly, this medicine enriches our pharmacopœia. However, before it comes into general use, the thus far very high price of the preparation must fall, and, above all, the drug must be obtained unadulterated. Unfortunately, a mass of utterly useless preparations, having not the slightest effect, are already circulating in the shops, and to this fact the contradictory statements regarding the efficacy of our medicine are in part, at least, due.

Capillary Hemorrhage in Phthisis.

Capillary bleedings from the not ulcerated bronchial mucous membrane occur in the beginning and during the course of chronic phthisis, but are much more seldom met with than bleedings from the ulcerated bronchial mucous membrane, or ulcerated caverns. They occur in patients in whom, on account of certain constitutional conditions, and of hemorrhages from other mucous membranes, an especial tendency to rupture of the vessels may be attested. In cases of this kind great caution is necessary, avoiding all causes that may lead to bleeding; also, an early strengthening of the general organism is recommended. In two cases of cheesy pneumonia, that ended fatally in from four to five weeks, there was, in addition to bloody sputa, epistaxis, that could only be checked by thorough tamponade of the nostrils. Under the mucous membranes of the lips, the tongue, and the gums, many extravasations of blood were present; everywhere the skin of the body was covered with petechial or larger extravasations. The most notable feature in these two cases was the long-remaining high temperature, making only very slight remissions, but reaching, generally, 40° Celsius and more (about 104° Fahr.); here it was doubtless a question of direct disease (fatty degeneration) of the heart and blood-vessels, as a consequence of the steady high temperature. The exercise of therapeutics can only be to endeavor to allay

the fever, and support the strength by means of wine and good nourishment.

Nitrate of Amyl in Lead Poison.

The nitrate of amyl caused, in every case of lead colic to which it was applied in Dr. Frank's treatment at the hospital in Cologne, a perfect and immediate cessation of the pains. It was administered in the form of inhalation, a short time after the beginning of which, and coincident with the well-known redness of the face, the patients felt themselves much relieved. Patients who, just before, with the well-marked signs of deep anxiety, and with the most intense expressions of pain, had thrown themselves about the bed, soon presented an entirely different and perfectly satisfactory appearance, remarking, voluntarily, how well they felt. But —and this point is for later conclusions of great importance—this subjective euphoria was not of long duration. A short time after the interruption, the attack of pain again came on with renewed severity, to yield, however, to a fresh dose of the nitrate of amyl. I mention in this place that, as a rule, from one to two drops were sufficient to produce the desired effect; that I, myself, in employing this drug repeatedly, have never observed the least alarming symptom. However, a lasting effect has, as elsewhere mentioned, never been recorded.

Salicylic Acid in Intermittent Fever.

Dr. Hiller, of Berlin, comes to the following conclusions with reference to the exhibition of salicylic acid in intermittent fever, as compared with quinine.

1. Salicylic acid is, in water, the natural solvent, much more difficult of solution than quinine.

2. In intermittent fever, ten times the quantity of the acid is necessary to produce about the same result as quinine. In a class of other febrile diseases the proportion is quite the same. In other words, salicylic acid has an antipyretic working ten times weaker than that of quinine.

3. Salicylic acid possesses in substance, and in concentrated alcoholic solution, strong, exciting, respectively irritating properties; quinine, on the contrary, in the doses necessary for the cure of intermittent, is without harmful secondary action.

4. All these disadvantages, together, have, for its practical exhibition, a highly disagreeable consequence, namely, difficulty of administration per orem, which is not present with quinine in the ordinary form and dose. All fever patients, treated with both preparations, preferred, without exception, the latter to salicylic acid.

5. The anti-febrile working of salicylic acid is not only weaker than that of quinine, but also of much longer duration. Relapses of intermittent after salicylic acid were observed much sooner, and more frequently, than after quinine.

6. An antipyretic curative effect in malarial fevers salicylic acid produces only in the more mild and primitive forms. In the more severe and relapsing forms, although given in corresponding larger doses, it has the same no longer.

7. Salicylic acid is, finally, an unreliable medicine, because the difficulty of solution causes an uncertainty with reference to the dose, and to assimilation in the stomach and intestines. This unreliability increases with increase of the dose, which now is often vomited; then, again, often not taken at all, on account of the disagreeable taste.

Dr. Hiller concludes as follows:—Salicylic acid is certainly an antipyretic, but, with reference to its exhibition and working, by no means competing with quinine, and no one can doubt that its lot with that of the last named will not be equal.

After all, who, in spite of himself, is not forced to recall to memory the old quarrel between cortex Salicis and cortex Chinæ? *Audi alteram partam.*

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, November 24th, 1875, Dr. Delafield, President, in the chair.

Aneurism of Abdominal Aorta—Contraction of Colon and Ileum.

Dr. Leaming presented, in behalf of a candidate, specimens of aneurism of the abdominal aorta, and of contracted colon and ileum, with a history as follows:—

Edward Mitchell, aged thirty-seven, had been engaged for twenty years in the preparation of straw goods with acetate of lead, and had been at times subject to lead colic. In the year 1865 Dr. Leaming saw him in consultation; he then exhibited all the symptoms of lead poisoning, *e. g.*, a blue line at the edge of the gums, colic and constipation. Saline cathartics and iodide

of potassium were prescribed, and morphia given to relieve pain. On August 30th of the same year he was again seen; the blue line at the gingival margin had then disappeared. He still suffered from colic and constipation, and complained of a sensation of fatigue in his back, which was increased by prolonged exercise. On the 23d of September Dr. John T. Metcalf discovered a pulsating tumor in the epigastric region, and diagnosed aneurism of the cœliac axis. This diagnosis was confirmed by Dr. Leaming, who saw the patient one month later. Shortly afterward the patient died suddenly, exhibiting all the signs of internal hemorrhage.

Autopsy.—The heart and lungs were normal. The peritoneal cavity contained clotted blood. The ileum and colon were contracted. The liver was slightly congested. Aneurism of the abdominal aorta was found, which had ruptured into the peritoneum. The patient had dated the presence of the abdominal tumor from having lifted a tub containing a solution of acetate of lead, in which one hundred and fifty dozen of straw hats were soaking at the time. He felt as if something had given way internally.

Thrombosis—Phlebitis.

Dr. Putnam-Jacobi presented portions of the vagina and uterus, which had been taken from a specimen of enlargement of the uterus following criminal abortion, with subsequent peritonitis, that had been presented at the last meeting of the society by Dr. Finnell. Two large veins were found intensely congested, and showed evidences of phlebitis. The President said that this demonstration of Dr. Putnam-Jacobi filled an important vacancy in the case. It had been shown that thrombosis existed in the veins situated posteriorly to the vagina, and leading to the uterine sinuses. It became a question, whether the thrombosis was primary or secondary to the peritonitis. However, from the history of the case, it was, he thought, probably primary.

Catheter Removed From the Bladder.

Dr. Stimson presented the fragments of a flexible catheter, which had been removed from the bladder of a man by the lithotrite. A middle-aged German received an injury of his back fourteen years ago, which was followed by paralysis of the lower extremities and rectum; he was obliged to draw off his urine by means of a catheter. Six weeks ago he was run over by a wagon, the wheels passing over his loins; the result was an aggravation of the bladder symptoms. Shortly after the occurrence of this accident he bought a few cheap catheters at a country drug shop. He introduced one of them into his urethra, and broke it, eight inches remaining in situ, which, by further manipulation, was partly pushed into the bladder. He presented himself at Dr. Willard Parker's office with his penis very much swollen and insensible; he had tied the prepuce with a string. Dr. Parker removed a portion of the catheter by means of the lithotrite. Eight days later Dr. Stimson removed the remaining fragments in the same manner. No cystitis followed these operations. After the first one, the patient could retain his urine for six hours, and after the second operation he could retain it for as long a period as before the occurrence of the accident. While the catheter was in the bladder the patient could retain about one and a half ounces of urine; if more was allowed to accumulate, it would dribble away.

Disease of Sacro-iliac Articulation.

Dr. Erskine Mason presented the right os innominatum and sacrum, and gave the following history:—

A man, aged sixty-one, was admitted to Roosevelt Hospital, on January 20th, 1875. One year before, his penis had been amputated in the same institution, on account of elephantiasis, by Dr. Weir. In September, 1874, he was suddenly seized with pain in the hips and outer side of the thigh; this, however, decreased in intensity, and he was able to resume his occupation, which was that of night watchman. A few months later, he was again seized with a pain in the right hip, which radiated to the knee. He kept his bed for two weeks, subsequently returning to his work. He soon afterward again became an inmate of the hospital. About fourteen days before his admission he noticed a small tumor, which appeared below Poupart's ligament. On examination, it measured four and a half inches vertically, and four inches horizontally. The tumor was painful. He complained of pain in his right hip. The tumor was regarded as a chronic abscess by all the surgeons of the hospital; it was accordingly aspirated on February 4th, 1875; and pus was discharged. On March 5th Dr. Mason examined the patient carefully; he found no indication of hip disease, but pressure at the right sacro-iliac articulation elicited pain; he therefore diagnosed disease of that articulation. Aspiration of pus from the abscess was resorted to on several occasions subsequently. He was seen afterward on the hospital grounds by the doctor, and said he felt no pain whatever. On June 9th fluctuation was detected in the gluteal region, and pus evacuated by an incision. On the 20th of August he was seized with pain in his left hip; erysipelas of the thigh and diarrhœa set in, and a bed sore appeared on the sacrum. His condition grew worse, and he died on September 24th.

Autopsy.—The bones were eroded at the right sacro-iliac articulation. Pus was found between the muscles and bone near the joint. The ligaments and entire articulation had been destroyed by the disease. Dr. Mason remarked that this had been the first case of the kind ever presented before this society. The points of interest which were connected with the case, he said, were: First, the age of the patient. Erichsen says that he has never met with this disease in advanced life or in childhood. Secondly, that the patient could walk about

during the progress of the disease; and, thirdly, that no abscess had appeared until toward the end of the patient's life. Its situation was remarkable, being found in the anterior part of the thigh, the usual situation being on the outer aspect, and often opening into the rectum.

Dr. Weir said that when the patient was under his observation, he was suffering from an abscess near the rectum, and thought to be ischio-rectal.

Dr. Mason said that the patient had a urinary fistula; and, in answer to Dr. Post, said that there had been no lengthening of the limb on the affected side, nor tilting of the pelvis.

The President said that he made the autopsies in four cases of sacro-iliac disease; they were all adults, and no ante-mortem diagnosis had been made in any of them. He had not found cheesy infiltration of the parts, but had found erosion of the bone. This disease was unlike hip-joint and Potts' disease in these particulars, but resembled suppurative disease of the vertebræ.

Dr. Mason remarked that Mr. Erichsen had seen no cases of recovery in this disease after abscesses had formed, but that Hilton had reported three cases, where the disease had occurred in young children, followed by abscess and recovery.

Tumor in Right Iliac Fossa—Operation—Peritonitis—Death.—Chronic Suppurative Synovitis of Shoulder Joint—Excision.

Dr. Weir presented the small intestine, which had been perforated by an incision for the relief of an abscess in the right iliac fossa. A man, aged nineteen, suffered last spring, for several weeks, from intermittent fever and diarrhœa. He was admitted to Roosevelt Hospital on October 9th. Seven weeks before he noticed an enlargement of his abdomen, and felt pain; this was accompanied by diarrhœa. On examination, a tumor was found in the right iliac fossa, extending to the inferior border of the ribs; it was painful to the touch. He gave no history of chills; the fæces were clay-colored. An indistinct tumor could be detected on examination per rectum. Only toward the last was there any elevation of the temperature. Both pleuræ were the seat of effusion. On October 12th the tumor became more painful, and was increasing in size. It became necessary to introduce the needle of the aspirator into the tumor; one and a half ounces of pus was aspirated. On the next day the needle was again introduced, and used as a guide for the bistouri, with which an incision of three-quarters of an inch was made. No fecal odor proceeded from the wound after the operation. On the day following, fecal matter was discharged; it was odorless and resembled undigested milk. The patient was relieved after the operation. At the end of a week the discharge of pus ceased, and the wound closed. On October 29th the patient went to Brooklyn on pass; when he returned to the hospital the tumor was increased in size. General peritonitis developed, and on November 21st the temperature rose to 105° Fahr., and he died on the following day.

Autopsy.—The intestines were matted together by recent exudation. Opposite to where the incision had been made, in the right iliac fossa was found an opening into the jejunum, about twelve or fifteen inches above its origin; this being due to distention caused by the presence of a tumor. Local peritonitis at the site of the incision was detected.

The other specimen presented by Dr. Weir was the head and upper extremity of the left humerus, removed by excision on October 29, from a man aged forty-eight, a butcher by occupation.

A painful swelling of the left shoulder appeared, which was mistaken for rheumatism, but soon afterward an abscess was detected, which pointed anteriorly and posteriorly; after it was opened the probe could be passed some distance anteriorly. Chronic suppurative synovitis and erosion of the cartilage of the joint were diagnosed. A straight incision was made on the anterior portion of the shoulder, and three and a half inches of the humerus were removed in three sections. The glenoid cavity was involved and the diseased bone gouged out. The arm was then strapped to the chest, and the patient is now doing well.

Dr. Weir, in answer to Dr. Mason, said that the arm could be raised from the chest to the extent of a few inches. He further remarked that in these cases the inability to raise the arm was, he thought, due to the injury of the nerve.

Dr. Mason suggested that it was due to the approximation of the deltoid after the exsection of the head of the humerus. He said that he had performed this operation four years ago upon a patient who could now raise his arm above his head.

Necrosis of First and Second Phalanges of Index Finger—Urinary Calculus.

Dr. Post presented specimens of necrosis of the first phalanx and a portion of the second of the index finger, and a urinary calculus removed by lithotrity. The first specimen was removed from a woman, who first suffered from a paronychia for a number of days before it was incised. Seven weeks later necrosis was detected. Dr. Post thought that a free and deep incision at the beginning would prevent necrosis. The second specimen was a calculus removed by lithotrity from a man who had suffered from symptoms of stone in the bladder since last July.

THE MINNESOTA STATE MEDICAL SOCIETY.

This body met at St. Paul, Minnesota, February 1st. Dr. J. H. Stewart, of St. Paul, the President, occupied the chair, and Dr. C. E. Smith, of St. Paul, the Secretary, was at his post.

After the reading of a portion of the Scriptures, and prayer by Rev. Hamilton Lee, of Christ Church, St. Paul, the roll was called, indicating the presence of thirty-six members,

which was shortly afterward increased by incoming members and visitors, until fifty gentlemen were in attendance.

Dr. F. Staples, from the Committee on Obstetrics, read a report upon this subject, in which he related a very large number of instances of childbirth, and the peculiar circumstances attending each case. The communication was referred to the Committee on Publication, to be published.

Dr. A. B. Stuart, of Winona, read an interesting report upon meteorology, which was similarly acted upon.

Dr F. Atwood, of St. Paul, read a report in regard to diseases of the eye, in which he gave full particulars of the treatment followed by him in a large number of cases he had under his observation. This report was received and ordered printed.

Dr. F. H. Milligan, of Wabasha, read an interesting paper upon medical jurisprudence, which was a calm but earnest protest against the senseless clamor against surgeons who are unfortunate enough to be charged with malpractice, and against the prejudice which exists in the minds of many as to physicians. The same was referred to the Committee on Publication, for publication.

Dr. Murphy reported that a short time ago a woman came to him, over one hundred miles, to have a tumor removed from her side. She was a large, healthy lady, forty-six years of age, and married. The tumor was removed by him and Dr. Stone, and the patient was now doing well. The tumor weighed about six pounds. He asked that a committee of three be appointed to investigate the case, and report thereon to the society. Such committee was appointed by the chair, as follows: Drs. Milligan, Hewett, and Blood.

The society adopted a resolution confirming the fire-test of 150° Fahr. for illuminating oils.

Dr. C. F. Warner, of Mankato, reported very minutely a case of ovariotomy, that was listened to with the utmost attention. The report was referred to the Committee on Publication, for publication.

A report was presented relating to an inebriate asylum; the same was unanimously adopted, and the following committee was appointed to present it to the Legislature: Drs. Stuart, of Winona; Lindly, of Minneapolis; Murphy, of St. Paul; Fitch, of Hastings, and Smith, of Duluth.

Resolved, That, as citizens having at heart the welfare of our State, and as physicians having peculiar cognizance of the relations of alcoholic intemperance to the public health, and special knowledge of "chronic alcoholism" as a widespread and increasingly prevalent disease, nearly incurable save through hospital restraints and treatment, we have heard with profound regret of the late action of our State Senate in relation to the Minnesota Inebriate Asylum, established by law last winter; that, with all respect for that honorable body, we cannot but believe that their said action was not based upon such thorough knowledge of the nature, aim and function of inebriate asylums, their present success, and the urgent need for them throughout the land, as ought to underlie practical action in a matter so important; and, as a society, we do most respectfully urge upon the House of Representatives the propriety of non-concurrence in said action of the Senate, and, with earnestness only deepened by another year of reflection and observation upon the subject, we repeat the resolution of twelve months ago, to wit:—

"*Resolved*, That the State Medical Society respectfully urge upon the Legislature the necessity for the immediate organization of an inebriate asylum, for the following reasons:—

"*First.* That habitual drunkenness is a disease, requiring medical treatment, which cannot be given with any reasonable prospect of success in private practice.

"*Second.* That inebriate asylums have already been organized in other States, and have proved their value by their results.

"*Third.* That inebriety already exists in Minnesota to an extent that urgently calls for such an asylum."

Dr. J. C. Rosser, of Brainerd, presented a very lengthy report on surgery. Its length was so great that it was referred to the Publication Committee without reading, with instructions to publish.

Dr. A. B. Stuart, of Winona, who was a delegate to the National Medical Association, held at Louisville, made an interesting report of what he saw and heard there.

Dr. L. P. Dodge, of Farmington, presented a report on gynecology, which, owing to the short time the society was to be in session, and the large amount of business to be transacted, was referred to the Publication Committee.

Drs. T. W. Burns, C. H. Robbins, and Fred. A. Densmore were elected members of the society.

Dr. Hagan, of St. Paul, read two interesting reports in regard to removing ovarian tumors.

Dr. D. W. Hand desired to call the attention of the association to what is known as the McDowell fund. He went on to state that it was contemplated to erect a memorial statue in honor of Ephraim McDowell, M. D., of Kentucky, the founder of ovariotomy. The idea originated, he said, in Danville, Ky., where the first operation was performed. It was adopted by the Boyle County Medical Society, approved by the Kentucky State Medical Society, and earnestly endorsed by the American Medical Association held at Detroit in 1874. Ovariotomy has outlived all opposition, and has by common consent attained a position in legitimate surgery. Nations formerly arrayed against it are now claiming for themselves the honor of priority. This honor belongs alone to America. Dr. McDowell accomplished an act in 1809, in the western wilds of Kentucky, which was not only discredited but also denounced by the whole medical world. Now that ovariotomy has been established throughout

the world as one of the greatest triumphs in surgery, it is deemed eminently proper to erect a suitable memorial, expressive of the high appreciation of the character of Dr. McDowell. Dr. Hand stated that it was hoped the members would subscribe liberally for the purpose, and all who desired to contribute would find a paper on the table, to which they could affix their names, with the amount each one was willing to give. This money, with all that is collected for this purpose throughout the United States, will be forwarded to Louisville.

Dr. Murphy, of St. Paul, exhibited a bullet embedded in stone, the whole being about two inches in length and three-quarters of an inch in thickness, which he removed from the bladder a short time ago. The man has recovered from the operation and is doing well. He was a cavalry officer, and was shot during the rebellion, in the back, and it is supposed that the bullet at some time dropped into the bladder, and there remained till removed as above stated.

Dr. Lincoln, of Wabasha, gave the particulars of a case where a boy died from his bowels becoming tied into a knot. During a post-mortem examination the doctor took out that portion of the bowels that were so tied up, and exhibited them to the members of the society, all of whom looked upon them with great curiosity.

Dr. Stewart, the retiring President, stated that as the society had reached the topic known on the card as miscellaneous business, he withdrew from the chair, and introduced Dr Milligan, of Wabasha, who assumed the duties of President. In doing so he spoke a few words of thanks.

Drs. C. N. Hewett, Red Wing; A. B Stuart, Winona; and C. E. Smith, of St. Paul, were appointed delegates to the international medical congress to be held at Philadelphia in September next.

The time for holding the annual meeting has been changed to June, and the next one will be held at St. Paul in June, 1877, to which time the society adjourned.

Editorial Department.

Periscope.

Treatment of Diphtheria.

Dr. J. Lewis Smith, of New York, reports unusually favorable results in diphtheria:—

The mode of treatment employed, and by which the author, in his private practice, has saved a much larger proportion of cases than he had been able to cure by any other measures which he had previously employed, was the following: As soon as the case comes under observation, the following mixture is applied, every second or third hour, over the fauces, by one or two applications of a large camel-hair pencil:—

℞.	Acidi carbolici,	gtt. vj–x
	Liquoris ferri subsulphatis,	ʒiij
	Glycerinæ,	ʒj. M.

If there is discharge from the nostrils indicating diphtheritic inflammation of the Schneiderian membrane, a little of the same mixture diluted with an equal quantity of warm water is injected into each nostril every three to six hours. To do this, the child is placed upon its back, with the head thrown backward and the eyes covered with a towel, to prevent the liquid from entering them. A small glass ear or nostril syringe, with a knob or button at the end of the nozzle, is the best form of instrument for these injections.

One-third to one-half of a teaspoonful of the diluted mixture is a sufficient quantity to employ for each nostril. This application, properly made, prevents decomposition, removes the offensive odor, and, that which is of the greatest importance, prevents blood-poisoning; it immediately arrests the movements of the bacteria, and probably destroys them, as the author has observed in experiments with the microscope.

Quinine in doses of one to two grains, according to the age of the patient and severity of the case, is administered about every fourth hour, and each hour in the interval half a teaspoonful to one teaspoonful of the following:—

℞.	Potassæ chloratis,	ʒj–ij
	Tincturæ ferri chloridi,	ʒj
	Syrupi simplicis,	ʒiv.

A little chlorine is set free in the above mixture, and the quantity may be increased by adding a few drops of dilute muriatic acid. No drinks are to be allowed for a few minutes after its administration, or after the use of the brush; by this precaution, the lotion is not washed away too quickly from the fauces.

In three or four days, if the case progress favorably, these remedies are employed less frequently, but they are continued until not only the pseudo-membrane has disappeared, but the inflammation also has in great part abated. When the inflammation has begun to abate, and there is no reappearance of the exudation, a gargle or drink of chlorate of potash is given.

When We May Bleed and When We May Not Bleed.

In an address in the British *Medical Journal*, by Henry Moon, M. D., F. R. C. P., Physician to the Sussex County Hospital, the writer says:—

In therapeutics, there has been an immense improvement. I will only take one instance amongst many others, that of blood-letting. During my apprenticeship at a large London institution, my chief employment from day to day was to bleed and cup those patients who had been seen by the physicians and surgeons. Blood-letting was then used as a remedy whenever there was an increase of the temperature and a quickening of the pulse; and, doubtless, this indiscriminate irrational application of so bold a remedy destroyed thousands of lives annually. In some cases, however, blood-letting, with the light of modern science, is still a remedy of great practical usefulness.

We may bleed in, for instance, cerebral hemorrhage, if the impulse of the heart be strong, and its sounds loud; if the pulse be regular, and no signs of commencing œdema of the lungs exists, we should bleed without delay. Here a judicious timely bleeding may prevent the extension of the paralysis from the cerebrum to the medulla oblongata, which is essential to life.

In order that as much arterial blood as possible may enter the brain, we must try to facilitate the escape of venous blood, without, however, diminishing the propelling powers too much.

We may not bleed when, on the contrary, the heart's impulse is weak, the pulse irregular, and rattling in the trachea has already begun; we may be almost certain bleeding will do harm, since the action of the heart, which is already weakened, would be still more impaired, and the amount of arterial blood going to the brain would be thus still more decreased. When these conditions occur, the indications require just the opposite treatment, in spite of the original disease being the same, and being due to the same causes. Here, by the use of stimulants, we must strive to prevent paralysis of the heart; frictions, sinapisms, wine, ether, and musk, instead of bleeding, are called for.

We may bleed in acute croupous pneumonia, when the pneumonia has attacked a vigorous and hitherto healthy person, and is of recent occurrence, the temperature being higher than 105° Fahr., and the pulse rating at more than 120 beats in a minute. Here danger only threatens from the violence of the fever; and a free venesection will reduce the temperature, and lessen the frequency of the pulse. In those, however, who are already debilitated, bleeding increases the dangers of exhaustion. Should the fever in pneumonia be moderate, blood-letting is not indicated, even in healthy and vigorous individuals. It cannot cut the fever short; indeed, the fever is more apt to persist, although in a somewhat more moderate degree; so that the enfeebled patient is thrown into greater danger than if he had to pass through a more violent fever, but with unreduced strength.

We may bleed in fluxion of the lung, arising from excessive cardiac action threatening life. The result of a bold venesection here is astonishing; as soon as the volume of the blood has become lessened, the pressure diminishes in the arteries (as it depends upon two forces: first, the energy of the cardiac contractions; secondly, the fullness of the cavities of the heart). The patients often breathe more freely during the operation, the bloody foam which they were expectorating vanishes, and life may be rescued from the greatest dangers, by aid of the physician.

So, also, in collateral fluxion of the lung (acute hyperæmia) during the course of acute pneumonia, pleurisy, or pneumothorax, we may bleed. Here a large part of the dyspnœa depends upon the overfilling of the capillaries and swelling of the vesicles in the portions of the lung unaffected by the inflammation.

When patients die in the first stages of pneumonia or pleurisy, or shortly after the air has penetrated into the pleural sac and compressed the lung (pneumothorax), they die of collateral fluxion (hyperæmia) and collateral œdema. If collateral fluxion threaten life during the progress of these diseases; if the patient be attacked with intense dyspnœa, and a moist *râle* become audible; if the sputa become serous, the danger is imminent. Then pay no regard to the small pulse, or rather, look upon it as a new reason for bleeding; for thereby the force of the heart is diminished, the pressure in the arteries of the hyperæmic parts of the lungs is also reduced; the capillaries are less full; the transudation of serum, which was threatening, or had already set in, does not occur or ceases; and here, too, we often see the patient breathe more freely and deeply when the blood is flowing.

Since, however, in by far the greater number of cases venesection has an unfavorable effect upon the main disease, by increasing the danger from exhaustion and impoverishment of the blood, we should not be led astray by these striking instantaneous results, so as to bleed without necessity; that is to say, unless life be threatened. Should œdema threaten in the course of disease of the heart, immediate danger to life may demand a diminution of the volume of the blood, and the relief consequent on venesection is usually beneficial.

The blood of persons of long standing disease of the heart is poor in fibrin and albumen, and, has great tendency to form serous transudations. Venesection renders it thinner, and, therefore, bleeding should never be used in these cases but under the most pressing necessity.

Blood-letting should never be used in the hyperæmia of asthenic fever, no matter how great, and though the œdema threaten life.

In endocarditis, as a rule, bleeding is decidedly injurious; still a condition sometimes exists where the indication as to symptoms calls for venesection. In cases where over-

charge of the pulmonary circulation imperils life by threatening œdema of the lungs, and demands prompt relief by diminution of the volume of the blood. A great acceleration of the pulse, and signs of feebleness, however, in the action of the heart, indicate the administration of digitalis. Should palsy of the heart threaten, give stimulants boldly.

The Avoidance of Puerperal Infection.

Dr. Priestley, President of the London Obstetric Society, said in a recent address:—

The method to be pursued for guarding lying-in women from noxious influences consists of all those measures which prevent the formation of poisonous materials in her own system, and which secure her isolation from all contagion from without. In following out the first indication, it is necessary to provide, as much as may be practicable, for a women encountering her confinement in the best possible condition of health, by impressing upon her the necessity of obedience to natural laws during her pregnancy. If complications occur during pregnancy, they must be combated as the circumstances will permit. Dr. Barnes has informed us that albuminuria at the end of pregnancy is extremely apt to go into puerperal fever. In these cases, therefore, a sedulous watch must be kept, the bowels must be carefully attended to, and other suitable treatment for these cases adopted. The process of parturition should be conducted with the view to the genital canal of the woman being exposed to the effects of irritation, continued pressure, and laceration, as little as may be possible. After the birth of the child, a full and perfect contraction of the uterus should be secured, by seeing that the organ is not emptied too suddenly, and that the hand follows the fundus down from above as its contents are expelled. Subsequently to delivery, the various known methods should be practiced to promote the contraction of the walls of the womb and the diminution of the uterine cavity; and any clots forming should be removed from time to time during the hour after removal of the placenta. It is superfluous to say that the placenta should be extracted in its entirety, when possible; and great care should be taken not to leave any detached portions adherent to the uterine walls. The same precautions should be observed, when practicable, in cases of abortion. If any considerable laceration of the perineum have taken place, the edges of the wound should immediately be united by sutures, not only for the purpose of restoring the perineum, but also to prevent contamination of the wound by putrid discharges. In the case of other wounds in the vagina or cervix uteri, especial care should be taken to keep them clean by repeated injection, and to leave as small a raw surface exposed as may be practicable. In all cases where the lochia are in the least degree offensive, the vagina should be well injected with Condy's fluid and water, or other innocuous disinfectant, twice in twenty-four hours, or oftener if necessary; and the injection may be carried into the uterine cavity, if it be much distended, and there is a suspicion that it harbors fetid contents. The injection of the womb-cavity, however, should be conducted slowly, carefully, and without force. These uterine injections were practiced long ago by William Harvey, and there is concurrent testimony in this and other countries of their marked utility in abating the symptoms even when puerperal fever has apparently set in.

Next in importance is to take care that there is no fecal accumulation in the bowels, and to recollect that the existence of previous diarrhœa may be the indication that retained masses are lying in the intestines and producing irritation there.

To secure the isolation of a lying-in woman from noxious influences which may be communicated to her from without, may be difficult, and in some cases perhaps impossible. We are all agreed as to the absolute necessity of preventing, directly or indirectly, any communication between cases of erysipelas and puerperal patients. We are agreed, also, as to the necessity of the midwifery practitioner avoiding all post-mortem examinations. His hands should avoid all contact with specific poisons or septic materials; and if perchance his fingers have touched anything suspicious, he should at once carefully and thoroughly disinfect them. The necropsies which seem most baneful are of those bodies which have recently died of erysipelas, peritonitis, zymotic disease, or any other inflammatory and febrile affections; and in such instances the accoucheur should not even be present in the room when the dissection is made, as, though he decline to touch, yet his person and clothes may become infected by the poison.

When a medical man has a bad case of puerperal fever in his own practice, or is required to see one in consultation, he should certainly not go direct to another midwifery patient without first changing his clothes, besides careful ablution of his hands.

Many chemical substances have been recommended to be added to water for purifying the hands: iodine, chlorine and its compounds, sulphurous acid, cyanide of potassium, carbolic acid, and the permanganates. It matters not which agent is employed, so long as it is used carefully and efficiently; and if it be necessary to disinfect clothing, this is readily done by exposing it in an oven to a high temperature, for which many upholsterers have a suitable arrangement. Taking all the circumstances into consideration, I am disposed to recommend a week's seclusion after regular attendance has ceased on a single puerperal fever case. When a series of cases have occurred in the practice of any one medical man, he should absent himself from midwifery practice for a month at least. During either the short or the longer interval of seclusion, the means for disinfection should be fully carried out.

Finally, I have a word or two as to the propriety of attending patients suffering from scarlet fever or other zymotic disease, and lying-in women, at the same time. After what has been said in this debate, I cannot expect the same accord of opinion as on other parts of the ground I have gone over; but I would earnestly beg those who have as yet had so favorable an experience, when attending the two sets of patients conjointly, to ponder well what has been said by others on the reverse side of the question. It cannot be expected that men in general practice, who may be in charge of a scarlet fever or small-pox patient, shall at once relinquish all midwifery practice for the time being, because zymotic diseases are so prevalent that this would practically preclude their attending confinements altogether, or make their attendance on midwifery patients so irregular as to be unreliable. Nevertheless, in view of the dangers which have been indicated by various authorities, albeit their experience may seem to point to different conclusions, they are bound to exercise vigilance, lest perchance they slip into a pitfall unsuspected by them.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

—New Jersey Medical Society Transactions, 1766–1800. These records are a supplement to the Transactions of 1875, and were exhumed at the request of the society, made at its last annual meeting. The history of the association commences with an informal meeting held June 27th, 1766, and gives the names of fourteen charter members. The "table of fees and rates" is an amusing comparison with the present scale. A dissertation by Dr. Burnet, on the "Healing Art," etc., is published in full. This was read Nov. 6th, 1787. Two theses, on "Air" and "Chemical Principles of Bodies," written by Dr. Elmer, with two or three later productions, are inserted. The form of the certificate of the society is printed in full. The compilation is very creditable, the printing unusually clear, and the "Memorial" ought to be prized by our neighbors.

—Sixth Annual Report of the American Association for the Cure of Inebriates, held at Hartford, September, 1875. The essays are six in number, and concern the causes of inebriety and its relation to loss of volition and mental aberration. In the annual address of the President, Dr. Parrish, of Baltimore, the progress of a reform in sentiment toward the intemperate is exhibited, and sympathy expressed for the emotional weakness of the drunkard. Inebriates are not believed by him to be the "flagrantes causæ" of all the misdemeanors of society. Dr. Parrish would waste no argument to convert them, but restore their health; awaken in them a sense of honor, and extend to them the hand of cheer.

BOOK NOTICES.

Lectures and Essays on the Science and Practice of Surgery. By Robert McDonnell, M. D., F. R. S., etc. Part II. Dublin, 1875. pp. 320.

The title of this book is not a felicitous selection. The essays are not a donation to the therapeutics of surgery, unless remotely, but dissertations on the function of the spinal cord as evidenced by experiments, and its behavior when diseased. The author announces himself as a "handmaid" of Brown-Séquard, and after enumerating a few of the earlier researches on the physiology of the spinal tracks and relegating the theories of Sir Charles Bell to the domain of "brilliant but deceptive doctrines," eulogizes Dr. Séquard for his discovery that sensitive impressions travel to the encephalon principally via the gray matter of the cord. The observations of Séquard on the decussation of sensitive impressions in the cord are detailed, and the bearings on diagnosis of methods for determining the degrees of tactile sensibility are taught. Dr. McDonnell does not assent to the view of Séquard that every kind of sensation has a distinct channel of transmission. The province of the vaso-motor system and its influence on nutrition, secretion, etc., is next discussed. A few hypotheses are mentioned, but made to give way to the "tolerably certain" theory on the great sympathetic, viz., that it is a motor nerve of blood-vessels. The study of epilepsy by Séquard is asserted to have evolved the cause of that curse to be referable to an alteration in the nutrition of a nerve centre, and consequently its function. "Muscular sense" is explained *a la* Séquard. The "critical essay" occupies the first two hundred pages, and is no more than a commentary and defence of the researches of Professor Séquard. The author next advances a substitute for the theory of separate conductors, and explains the resolution of the sense of touch into elementary impressions by borrowing from the wave theory

of light. This hypothesis is very ingenious and beautifully demonstrated. By analogy, McDonnell conceives that a nerve tubule carries a number of vibrations distinct in character, and which originate as many different sensations. So that the same nerve can transmit the "wave" corresponding to the idea of contact—the wave of heat, the wave of red or blue.

The rest of the work comprises a series of four lectures on "Physiology applied to Practice." These are prefaced with a few excellent remarks on the justification of vivisection. The text of the first lecture is the "Influence of the Nerves on the Heart and Blood-vessels." Three experiments are reported. The first is to prove that when the temperature of one part of the body is suddenly lowered, the cooling of another member is due to a "sympathetic contraction" of its blood-vessels, not to the presence of colder blood. Results of section of the "sympathetic" and galvanization of the pneumogastric, as retarding the action of the heart, are ably illustrated. The lecture concludes with the theory of Séquard on the cessation of the heart. McDonnell questions Séquard's explanation by "absence of excitation." In the second lecture the reflected influence of cerebral, gastro-intestinal, and uterine irritation is exhibited. The third lecture consists of pathological confirmations of the function of the "gray" matter. The closing lecture is given to an explanation of hyperæsthesia from section of a lateral half of the cord. "Muscular sense" and "pain in cramp" are analyzed, and Romberg's assertion that epilepsy cannot be manufactured refuted, and the cause of epilepsy suggested as a "blood change." The lectures are prepared with care, and the conclusions well fortified. The experiments can hardly be received as original adventures, and we wish the book was less a review of the investigations of another. The essays, however, will amply repay a perusal, and the teachings are reliable.

Medical Thermometry and Human Temperature. By E. Seguin, M. D. Wm. Wood & Co., 1876. pp. 437.

Among the happy evidences that we are fast deciphering the laws of disease is the significance now conceded to thermometrical calculations in detecting physical and even mental disturbances, and it is a welcome announcement that our emancipation from the guessing system in diagnosis is really enjoyed. The time has come when physical methods of determining a disease will do more than corroborate, will anticipate, our best physiological inferences. It is with pleasure, then, that we examine this masterly contribution by Seguin to "organography." Unquestionably, it is the most elaborate and authentic production of its kind. The book is divided into two sections, with "appendices." Part First treats of Human Temperature. An historical résumé of Medical Thermometry prepares us for the general discussion. The work abounds in technical phrases, one of which, ustion, is defined as a "function;" and physiological temperature, "the operation of the function." The human norme is given as 98.6° Fahr., and abnormal normes regarded as rare. The chapter on "Infant Temperature" illustrates variations of the norme by a e. The thermal impressions of food, drinks, baths, etc., conclude the study of healthy temperature. In chapter VIII, some excellent points on the morbid variations of temperature are illumined. Seguin describes calorification in woman as hysterical, and decides the highest rise to be in febile rigors for both sexes. The fluctuations in fevers are beautifully pictured, and a syllabus of Seguin's essay on Typhoid Temperature ought to be added to the library of every medical scientist Charts also set forth the daily difference for eruptive fevers; scarlatina is asserted to conform less to its type than other exanthems. The relations of ustion, circulation and respiration are remarkably concordant in pneumonia, and thermometry is pronounced as only of "accessory value" in that disease, while in typhoid it has a "direct" importance.

In Part Second, Human Thermometry, Seguin is zealous that medicine should embrace thermometry, that it may rank as a "positive science." The instruments are given, with the data of success. The definition of disease, as "a disorder of the mathematics of life," is a sample of the odd independence of conception that marks the style of thought of our author. Water is called the "apyretic by excellence" The articles on "Baths" would make proselytes of the most punctilious dissenters from the water treatment of fevers. Our indebtedness to thermometry for the mathematical adjustment of the animal relations of heat and cold is clearly proven, and the school, family, life insurance companies, society, urged to register thermometrically their "vital resources" and degree of tissue changes.

THE

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THE PENNSYLVANIA STATE BOARD OF HEALTH.

The creation of State Boards of Health has been constantly put forward in this journal as an important measure for the public health, an essential preliminary to a successful prevention of disease, and hence, of the highest interest to the community. After a long delay it looks as if we should have one in this State, based on a careful study of the similar legislation of other States.

As it is a subject of such general interest, we believe our readers in all sections will be pleased to see the text of the Act as it has been passed by the Senate and referred to the House.

For the copy we use we are indebted to the courtesy of the Hon. O. LOGAN, M. D., of Erie.

It is as follows:—

AN ACT *To create a State Board of Health for the protection of life and health, and to prevent the spread of diseases in this Commonwealth.*

SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same,* That the Governor, with the advice and consent of the Senate, shall, as soon as practicable after the passage of this act, appoint five physicians in the State, of skill and experience, who shall have been regular graduates of medicine of not less than ten years' standing, who for the time being shall be sanitary commissioners, and the said sanitary commissioners, together with the Attorney General of the State and Secretary of Internal Affairs, shall constitute a board of health for the State, and said board shall be denominated "The Board of Health of the State of Pennsylvania," a majority of members of which, at any regular called or adjourned meeting, shall organize and constitute a quorum for the transaction of business.

SEC. 2. The five persons so appointed shall hold office as such sanitary commissioners respectively for the terms following, namely: one for one year, one for two years, one for three years, one for four years, and one for five years, and until their successors are appointed and qualified, but any one may be reappointed immediately after the appointment of said persons, as aforesaid. They shall meet in the office of the Secretary of the Commonwealth, and shall proceed, under his direction, to determine by lot which of them shall hold, for the respective terms of one, two, three, four, and five years, the said office of sanitary commissioners. Immediately before entering upon the duties of the office, they shall take the oath prescribed for State officers by the constitution of the State, and shall file the same in the office of the Secretary of the Commonwealth, who, upon receiving the said oath of office, shall issue to each of said commissioners a certificate of appointment for his respective term of office, so determined as aforesaid, upon receiving which they shall severally be and become sanitary commissioners, and shall possess and exercise the powers and perform the duties of said board as defined in this act.

SEC. 3. The term of office of each of the said sanitary commissioners after the expiration of the terms aforesaid shall be five years, and they shall be appointed by the Governor; any vacancy that may occur by reason of death, resignation, removal from office, or otherwise, shall be filled in like manner.

SEC. 4. Immediately after the five appointed sanitary commissioners shall have taken the oath of office as above provided, they shall meet with the Attorney General and the Secretary of Internal Affairs, and organize as a board of health, by electing one of said board to be president, and by appointing a proper person, who shall be a physician, to be secretary of said board; and the successive presidents of said board of health shall be annually elected by said board from the members thereof. The secretary shall continue in office as such until removed by the election of a successor or otherwise, and shall be executive officer of said board, and shall receive an annual salary not to exceed three thousand dollars. The said sanitary com

missioners shall receive no salary, but the actual personal expenses of any member while engaged in the duties of the board shall be allowed and paid.

SEC. 5. Said board shall take cognizance of the interests of health and life among the people of the State; they shall make inquiries in respect to the causes of diseases, and especially of epidemics, and investigate the sources of mortality and the effects of localities, employments, and other conditions, upon the public health.

SEC. 6. It shall be the duty of said board to obtain, collect, and preserve such information relating to deaths, disease, and health, as may be useful in the discharge of its duties, and contribute to the promotion of the health or the security of life in the State of Pennsylvania. And it shall be the duty of all health officers and boards of health in the State to communicate to said State board of health copies of all their reports and publications, also such sanitary information as may be useful, and said board shall keep records of its acts and proceedings as a board, and it shall promptly cause all proper information in possession of said board to be sent to the local health authorities of any city, village, or town in this State which may request the same, and shall add thereto such useful suggestions as the experience of said board may supply. And it is hereby made the duty of said health authorities to supply the like information and suggestions to said State board of health. And said board is authorized to require reports and information (at such times, and of such facts, and generally of such nature and extent, relating to the safety of life and promotion of health as its by-laws or rules may provide) from all public dispensaries, hospitals, asylums, infirmaries, prisons, and schools, and from the managers, principals, and officers thereof, and from all other public institutions, their officers and managers, and from the proprietors, managers, lessees, and occupants of all places of public resort in the State, but such reports and information shall only be required concerning matters or particulars in respect of which it may in its opinion need information for the proper discharge of its duties. Said board shall, when requested by public authorities, or when they deem it best, advise officers of the State, county, or local government in regard to sanitary drainage, and the location, drainage, ventilation, and sanitary provisions of any public institution, building, or public place.

SEC. 7. It shall be the duty of the State board to give all information that may be reasonably requested concerning any threatened danger to the public health, to the health officer of the port of Philadelphia, quarantine physician, and all other sanitary authorities in the State, who shall give the like information to said board; and said board and said officer, said quarantine physician and said sanitary authorities shall, so far as legal and practicable, cooperate together to prevent the spread of disease, and for the protection of life and the promotion of health within the sphere of their respective duties.

SEC. 8. Said board may, from time to time, engage suitable persons to render sanitary service, and to make or supervise practical and scientific investigations and examinations requiring expert skill, and to prepare plans and reports relative thereto; and it is hereby made the duty of all boards, officers, and agents having the control, charge, or custody of any public structure, work, ground, or erection, or of any plan, description, outlines, drawings, or charts thereof, or relating thereto, made, kept, or controlled under any public authority, to permit and facilitate the examination and inspection, and the making of copies of the same by any officer or person by said board authorized, and the members of said board, and such other officer or person as may at any time be by said board authorized, may, without let or hindrance, enter, examine, and survey all grounds, erections, vehicles, structures, apartments, buildings, and places; but no more than five thousand dollars in any one year shall be expended for such special sanitary service.

SEC. 9. The said board of health shall recommend the passage of such law as shall be deemed necessary for the thorough organization and efficiency of a registration of vital satistics throughout the State. The Secretary of Internal Affairs shall provide such apartments and stationery as said board of health shall require in the discharge of its duties.

SEC. 10. It shall be the duty of said board, on or before the first Monday of December in each year, to make a report, in writing, to the Governor of this State, upon the sanitary condition and prospects of the State, and such report shall set forth the action of said board, and of its officers and agents, and the names thereof, for the past year, and may contain other useful information; and shall suggest any further legislative action or precaution deemed proper for the better protection of life and health. And the annual report of said board shall also contain a detailed statement of the State Treasurer of all money paid out by or on account of said board, and a detailed statement of the manner of its expenditure during the year last past, but its total expenditures shall not exceed the sum of eight thousand dollars in any one year.

SEC. 11. Said board shall meet, at least, every three months, and may also hold special meetings, as frequently as the proper and efficient discharge of its duties shall require the same to be held (unless otherwise ordered), in the Capitol at Harrisburg; and the rules or by-laws shall provide for the giving of proper notice of all such meetings to the members of the board.

SEC. 12. The sum of eight thousand dollars ($8000) is hereby appropriated from the treasury for the purposes of this act, and the expenditures properly incurred by the authority of said board, and verified by affidavit, subject,

however, to the limitations hereinbefore imposed, and shall be paid by the treasurer upon the warrant of the Auditor General.

SEC. 13. This act shall take effect immediately.

The provisions in the above draft seem to meet the requirements, although, of course, they leave a large amount, both of executive labor and legislation, to be done, before the board can be said to be in working order.

NOTES AND COMMENTS.

Bronchial Adenopathy.

M. Parisot, in a summary, read to the Société Médical de Nancy, of a paper of M. Leroboullet on this interesting clinical subject, proposes the following conclusions. Bronchial adenopathy, very frequent, not to say constant, in the course of pulmonary tuberculosis, is especially characterized by the bronchial *souffle* perceived at the interscapular region, at the level of the third and fourth dorsal vertebræ. It is the effect, and not the cause, of the already existing pulmonary lesion; and although, by its frequency, it is a valuable diagnostic sign, nevertheless it is not so useful for recognizing the outset of the disease as the symptoms furnished by percussion and auscultation of the summit of the lung.

The Tayuya, a New Remedy.

According to the *Chemist and Druggist*, Tayuya, Tayuia, or Taguga, appears to be the vulgar generic name of certain cucurbitaceous plants of the genus *Bryonia*, but there is considerable doubt, according to Mr. Stanislaus Martin, as to the species to which the plant possessing the virtues now claimed should be referred; seeds, however, have been sent over, so that the matter will probably be settled before long. Martius, in his "Materia Medica of Brazil," apparently describes the same series of plants, or rather their therapeutic effects, under the synonym of *Trianosperma*. In this author's great work, the account of the natural order Cucurbitaceæ has not, as yet, been published, therefore it is difficult to consult authorities on the point. There is a specimen of *Bryonia Tayuya* in the Herbarium of the Natural History Museum of Paris, according to Mr. Martin, and Mr. William Southall lately found in the Herbarium at Kew two specimens, one of which answered to the Brazilian description, as far as it could be compared. There is some doubt as to the nomenclature of the other. The root of Tayuya, as received in England, is broken into small pieces, therefore it is difficult to describe its general characters, but it is said to be elongated and tuberous, napiform (Martius).

A tincture has been prepared from the root, of which fourteen drops are stated to be the maximum dose, commencing with one drop and increasing progressively; it must, therefore, be a medicine of some power. The powder is stated to be used in Brazil for resolvent poultices.

Treatment of Dysentery with Salicylic Acid.

According to the New York *Medical Journal*, cases of acute dysentery have been treated satisfactorily in that city by means of doses of thirty grains of salicylic acid administered three times a day. The only objection to the remedy appears to be a slight irritation of the stomach, but this is not sufficient to cause emesis.

The Localization of Arsenic in the Tissues of Poisoned Animals.

M. Scolsbuboff, of Moscow, has made numerous examinations of the tissues of dogs, rabbits, and frogs, to which he had given known quantities of arsenic in their food. His experiments lead him to the conclusion that arsenic, so far from being localized in the muscles, is specially taken up by the nervous tissue, and afterward deposited, first in the liver, then in the muscular tissue. He therefore suggests that in cases of suspected poisoning by arsenic, especially if acute, the expert should first of all examine the brain and the liver.

On the Digestibility of Milk.

Dr. Carter read a paper in London lately, entitled "Observations on the Digestibility of Milk," in the course of which he discussed various methods which had been generally used with a view of promoting its digestibility, pointing out that their efficiency was essentially due to the dilution of the casein of the milk, thus causing the precipitation, on its introduction into the stomach, in a granular form, of what would otherwise be firm, bulky, and compact. He further showed, by experiment, that simple dilution with water was insufficient for this purpose, and that this object was far better at-

tained by admixture of alkaline or starchy waters with the milk. He summed up by giving a decided practical preference to barley-water. His conclusions were illustrated by experiments and reference to cases.

Treatment of Burns.

In the treatment of burns in the Charity Hospital, New York, when of a superficial character, a preparation consisting of two parts of collodion and one of olive oil has been found to be very efficacious. When the burn is of an extensive character, gasoline proves of decided benefit. The advantage of gasoline is, that it is of the right consistence, and does not become rancid.

Warning!

No person whatever is authorized to collect money for this office, unless he bears a letter to that effect, written and signed by the editor of this journal. A person named Lockwood, lately traveling in the west and southwest, is *not* authorized in any sense by this office.

Correspondence.

Letter from Paris.

Paris, February 1st, 1876.

Ed. Med. and Surg. Reporter.

Paris is not now so much the "fashion" with American medical students as it once was. Vienna is at present the centre of medical teaching in Europe. And though possessing some advantages, in the matter of organization of its various schools, over Paris, the latter city has still some circumstances in its favor, which the student intending to spend a year or so abroad would do well to consider. In the first place all teaching in Paris is free. All cliniques, and hospitals, and schools are open to whoever may desire to avail themselves of the opportunities they offer. In Vienna, on the contrary, every course must be paid for, and at the end of a year this amounts to no inconsiderable sum. In the second place, the expenses of living in Paris—if one lives student-fashion in the Latin quarter—are somewhat less than in any other European city presenting the same opportunities. And as regards the advantages Paris offers for study, they are, in some respects, even better than those of Vienna. I speak more especially of ophthalmology. Wecker's clinique is said to offer more interesting cases than any clinique on the Continent, and is, therefore, exceedingly well adapted for the more advanced student; while the Vienna school is, perhaps, the best for the beginner, on account of its provisions for teaching.

Though Wecker's is the largest ophthalmic clinique here, there are others which afford excellent facilities for the study of eye diseases. Sichel *fils* has a flourishing clinique, and so has Demarres *fils*, both of whom are sustaining well the characters of their *pères*, whose mantles have fallen upon them. Abadie, an *ancien chef de clinique* of Wecker's, is also building up a good reputation, and attracts by his engaging manners and enthusiasm a goodly number of students. But the coming man in scientific ophthalmology in Paris is, undoubtedly, Edmond Landalt. He has been located in Paris but a short time, and has not yet had sufficient time to make his power felt outside of the few who know his acquirements; but the time must come when they will be generally acknowledged. A special student, for a long time, of Helmholtz, and an intimate friend and co-worker with Donders for some years, he is now, beyond question, the most thorough master of all the questions pertaining to physiological optics and anomalies of accommodation and refraction of any man of his age in Europe. The fact that he was selected to write, in conjunction with Snellen, the chapters on the *Function prüfung* in the great ophthalmological encyclopedia of Gräfe and Lärnisch, is sufficient evidence of his standing among those most capable of judging. It is also generally understood that he is to write the Refraction and Accommodation for the third edition of Wecker's treatise, which is to be issued in about eighteen months.

Speaking of books, I will also mention that Sichel is preparing a new text-book on ophthalmology. There seems to be a need for such a book in French, there being no one, except perhaps that of Meyer, that can serve the purposes of a hand-book for the student. He told me he had the manuscript for the first half already completed. I trust he may be able to have reproduced for it in chromo-lithograph some of the exquisite colored drawings of the fundus which he has made. But I fear that they would lose much of their delicacy in this transference.

Considerable excitement was raised lately in Parisian ophthalmological circles by a case of cysticercus in the vitreous, which occurred at Wecker's clinique. Cysticerci are rare in Paris, and only two have been observed previously in the interior of the eye, in all the cliniques of the city. This is the first case Wecker, with his immense practice, has had under his care. It was in the person of a young soldier, and he had noticed some trouble in his vision some three months previously. The diagnosis was made with the greatest facility. The vesicle was seen, even by oblique illumination, to be anterior to the equator, and of the typical transparent green color. At first glance it might have been mistaken for a detachment of the retina, but an attentive examination soon revealed its true nature. No vessels were to be seen on its surface, and the movements were not such as are seen in a detached retina. In-

stead of there being an undulatory motion, there was a concentric contraction which declared most unmistakably its character. And moreover, the neck and head were distinctly visible, lying very far forward, close to the ciliary region. The vitreous was beginning to show a diffuse cloudiness, as well as floating opacities, and vision was deteriorating. He, however, suffered no pain. As those cases where extraction had been attempted had either immediately or subsequently turned out badly, Wecker thought in this instance to try a new procedure. He hoped by making a puncture of the vesicle to destroy the life of the animal, and thus diminish or put an end entirely to the irritation, which, if allowed to progress, must inevitably end in destruction of the eye, and most likely sympathetic trouble in the other. He made this puncture with a Gräfe knife, some six lines behind the ciliary region, having his eye fixed in the meantime, by means of the ophthalmoscope, on the vesicle. The result of the operation was that the vesicle was displaced upward, backward and inward from its former position, but as it was not collapsed to any perceptible degree, it was feared that it was still alive, though for some days little if any motion was observed. Only a very slight reaction followed the operation. In the course of a week, however, it was apparent that the animal was still alive, and making its presence felt, as evidenced by a rapid deterioration of vision and other threatening symptoms.

Enucleation or extraction were now the only alternatives left. Wecker wisely concluded to attempt the latter first, as he could easily make the other should he fail in this. It was not hoped to save vision, but the preservation of the form of the eyeball is a matter of no small moment to a young man just entering life.

In making the operation the globe was rotated strongly downward and outward, and the conjunctiva and subconjunctival tissue dissected up between the tendons of the superior and internal recti muscles. When the sclerotic was laid bare, he introduced a Gräfe knife, and made an incision from within outward, about three lines in length, just large enough to permit the introduction of a pair of fine iris forceps. He had trusted that in the first gush of vitreous after the incision the cysticercus would present itself at the wound, and he could then remove it with the forceps. In this, however, he was disappointed. Only a few drops of vitreous came out, much to our surprise, for it was thought that it was quite fluid: and we should not have been at all astonished to see the whole of it flow out like water, and the globe collapse immediately upon opening the chamber. It only remained to search for it with the forceps. After several unsuccessful attempts, he made an examination with the ophthalmoscope, to become more certain of its position, and then tried again, and this time with success. I was standing in front of the patient, and saw the white-like mass as it passed the field of the pupil. Wecker said it was attached to the retina, and that was why it had not come out at first, as he had hoped. The scleral wound was united by a suture, a bandage applied, and the patient put to bed and kept in a horizontal position for a number of days. It has now been a month since the operation, and the patient has been discharged. There was absolutely no reaction after the operation, and the patient suffered no pain. The form of the globe was perfectly normal, and he can count fingers at a few feet. Altogether, it is a wonderful success. It is a little singular that the solitary case of cysticercus in Wecker's practice should present itself at the very moment when he was writing of the subject in his treatise on "Diseases of the Uveal Tract and Corpus Vitreum," for the encyclopedia of Gräfe and Särnisch mentioned above. The treatise, I am glad to announce, is now all in the hands of the printer, and will be in the bookstores during the latter part of this month.

In connection with this case, Wecker presented at his clinique a man under M. Broca's care, who is actually infiltrated with cysticerci. In every portion of his body they are to be felt in the muscles, as small, round, hard lumps. Latterly he has had such symptoms appertaining to his nervous system as to lead to the belief that they have invaded the brain. He has had several attacks of epilepsy, and is somewhat aphasic, which, according to M. Broca's opinion—whose special hobby is aphasia—points to an involvement of the left anterior frontal convolution. There is also beginning optic neuritis in both eyes, though vision is as yet unimpaired.

I had thought of other matters about which to write, but this letter has already overgrown its proper limits. SWAN M. BURNETT, M.D.

NEWS AND MISCELLANY.

The United States Medical Directory.

It is proposed to prepare a second revised edition of this work. Physicians who have commenced practice, or changed location during the past three years (other than those whose addresses are on our subscription lists) are requested to forward notice of such changes to this office. Other journals please copy.

Fearful Death Rate.

The *Canada Medical Record* says of Montreal, "Few cities of the old world, with their crowding and their filth, show such a ratio as we do, and we believe that on this American continent we have the disgraceful honor of having the largest death-rate. The total mortality for the year 1875 was 6311. 784 were from small-pox, and, as regards nationality, 653 were French Canadians. 103 British Canadians. 2 Irish, 4 English, and 4 Scotch, and 18 were divided among other nationalities."

This would make the startling death-rate of 50 per 1000, or a little over.

Diphtheria in North Carolina.

The *Blue Ridge Blade*, a North Carolina paper, says in last week's issue: The people of Morgantown, Hickory, and the city of Charlotte, think themselves peculiarly unfortunate in the number of deaths from diphtheria, but they have never been blessed compared to some sections of the back country. We are told that up about the Richlands, in the edge of Caldwell and Watauga, for fifteen miles square, there is scarcely a child left.

Trichinosis in Ohio.

A telegram from Sandusky, Ohio, February 3, stated that four residents of Kelly's Island were very ill from eating raw pork. It is supposed the meat contained trichina, the sick people having all the symptoms of that disease.

Personal.

—Dr. E. R. Straznicky, Superintendent of the Astor Library, died at Montclair on Wednesday evening.

—Dr. William H. Mussey, of Cincinnati, has been appointed, by Governor Hayes, Surgeon General of the State of Ohio.

—Dr. Charles H. Sholes was sentenced to six years in the State prison of Boston, for procuring abortion.

—A desperate convict in the New York State Prison made an assault on Dr. W. W. L. Phillips, the physician of the institution, because he refused to prescribe whisky.

—Dr. Logan, Secretary of the State Board of Health, died February 13th, at Sacramento, Cal. Dr. Logan was elected President of the American Medical Association in 1872, and presided at St. Louis, Mo., in May, 1873.

—Dr. George H. Bute, formerly a physician in practice in this city, died at Nazareth, Pa., Feb. 13th, aged 83 years. He was an Englishman, came to America about 1818, and settled in Philadelphia. He was a pioneer of the homœopathic practice in the Middle States.

—Dr. George W. Scriven, of Long Branch, died on February 5th, from injuries received from the upsetting of his buggy. He was forty-nine years of age, and had practiced his profession at Long Branch for twenty-three years.

QUERIES AND REPLIES.

The Esmarch Bandage.

ED. MED. AND SURG. REPORTER:—

In operations for extirpating malignant growths located on the extremities, would the use of Esmarch's bandage for preventing hemorrhage be likely to aid in transplanting the disease in other parts of the body, by forcing from the diseased part morbid material, along with the blood in the limb, into the current of the circulation? Have any of the readers of the REPORTER had experience of the kind? MEDICUS.

Philadelphia, Feb. 15th, 1876.

Ethics.

ED. MED. AND SURG. REPORTER:—

"A." and "B." are located in a certain place, engaged in regular practice of medicine. "E." moves into the same place; whose duty is it to make the first call, "A." and "B." upon "E.," or should the latter make the call? Respectfully, Dr. D. M. C.

Reply.—"A." and "B." should call upon "E."

Excessive Strangury.

ED. MED. AND SURG. REPORTER:—

Will some of your readers give me the most effectual treatment for the excessive strangury which exists in the early months of pregnancy, in some cases. I have a case, in the second month of pregnancy, which is very severe, and which, as yet, I have been perfectly unable to relieve.

L. N. D., Ind.

ED. MED. AND SURG. REPORTER:—

Dr. Seguin, in his last work, calls "ustion" a function, and heat its operation. Is not "ustion" the operation and the heat (calor), an equivalent of the force? I do not see how heat can be called an exercise of a function. G. L. B.

Reply.—The relation of function to force is that of power to energy. They are certainly not physical equivalents. Their relation has been discussed by Mr. Croll, London *Philosophical Magazine*, July, 1872.

MARRIAGES.

COOKE—FREESE.—At the St. Nicholas Hotel, February 10th, by Rev. Howard Crosby, D. D., Dr. R. P. Cooke and Miss Sarah Freese, of New York.

ELLIOTT—WRIGHT.—January 26th, by Rev. J. Elliott, pastor of the M. E. Church, Walton, New York, assisted by Rev. B. Lewis, of Poughquag, at the house of the bride's father, E. Ross Elliott, M. D., of Poughquag, New York, and Miss Lina Wright, of Beekman, New York.

EYSTER—WRIGHT.—On Thursday morning, the 17th instant, at St. Peter's Church, by the Rev. William H. Morris, Dr. George L. Eyster, of Rock Island, Illinois, and Fanny, daughter of the late John R. Wright, of this city.

LOCKWOOD—FOOTE.—On Thursday, February 17th, 1876, at the residence of the bride's parents, at Stamford, Connecticut, by Rev. Chauncey Giles, of New York, Abraham Lockwood and Anna Louise, daughter of G. F. Foote, M. D.

DEATHS.

DELANY.—At Atlanta, Georgia, on the 14th inst., Dr. Alfred Delany, Assistant Surgeon U. S. Army, in the 38th year of his age.

DODD.—On Thursday, February, 3d, at his residence, Lower Merion, Montgomery county, Pa., Dr. Robert J. Dodd, Surgeon U. S. Navy, aged 68 years.

KIRKE.—At Fordham, on the 15th instant, Henry Martyn Kirke, M. D.

LEEDOM.—At Germantown, Pa., on February 7th, 1876, Mildred Somers, only child of Dr. John M. and Virginia R. Leedom, aged 9 years.

LEMEN.—At Georgetown, Colorado, February 10th, 1876, Mrs. Sarah E., wife of Dr. L. E. Lemen.

PAGE.—In Tuckerton, N. J., on the 18th, inst., Dr. Thomas Page, aged 77 years.

PETRIE.—In Jackson, Mississippi, at the residence of his mother, Mrs. Hunter, on the 26th of October last, Dr. Herbert L. Petrie, a graduate of the Jefferson Medical College, Philadelphia.

SCRIVEN.—At Long Branch, N. J., on Friday, Feb. 11th, Z. W. Scriven, M. D.